

CLAIMS ONLY						Application Number 09/719,485		Filing Date		
						Applicant(s)				
27-28						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/	X						
2	/		/	X						
3	/		/	X						
4	/		/	X						
5	/		/	X						
6	/		/	X						
7	/		/	X						
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Total Indep	9		7							
Total Depend	5		4							
Total Claims	14		11							